|              | (City) Louisiana  |  |  |  |
|--------------|---|--|--|--|
|              | Financial Statements  |  |  |  |
|              | As of and for the Year December 31, 2012  |  |  |  |
|              | Required by Louisiana Revised Statutes 24:513 and 24:514 to be filed with the Legislative Auditor Within 90 days after the close of the fiscal year.  |  |  |  |
|              | AFFIDAVIT   |  |  |  |
|              | Personally came and appeared before the undersigned authority, Constable (your name) who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Evare Parish, Louisiana, as of December 31, 2012, and the results of operations for the year then ended, on |  |  |  |
|              | the cash basis of accounting.   |  |  |  |
|              | In addition, (your name)  |  |  |  |
|              |   |  |  |  |
|              | affidavit and is not required to provide for an audit, review/attestation, or compilation report for the previously mentioned fiscal year.  |  |  |  |
|              | Signature of Constable  |  |  |  |
|              | Sworn to and subscribed before me, this $\frac{31}{200}$ day of $\frac{2013}{200}$ .  |  |  |  |
|              | NOTARY PUBLIC Signature   |  |  |  |
| cument. A co | Please Complete this Section:  Constable's Name  Street or P.O. Box  Opy of the report has been submitted to other appropriate public officials. The able for public inspection at the Baton  Telephone Number  Please Complete this Section:  5 0  |  |  |  |

Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date

MAR 20 2013

Please return the completed form by March 31 to Office of Legislative Auditor - Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Telephone Number

Fax Number / Email

| of Ward / District _    |            |               |
|-------------------------|------------|---------------|
| · ·                     |            | Louisiana     |
| Statement of Cash Recei | ipts and ( | Disbursements |
| For the Year Ended Dece | mber 31.   |               |

|   | General<br>Fund          | Garnishment<br>Fund Activity |
|---|--------------------------|------------------------------|
| ASH RECEIPTS:   |                          |                              |
| . State & Parish salary (required, from W-2 Form)   | 1,4800.00                |                              |
| . Fees collected (As constable, if any were collected)  | 2947.00                  |                              |
| . Garnishments collected (If applicable)  |                          | 3.3568.00                    |
| . Other   | 4.0                      | _                            |
| Total cash receipts. Add lines 1 through 4  | 5.11,315.00              |                              |
| CASH DISBURSEMENTS:   |                          |                              |
| Operating expenses (rent, utilities, phone/fax line, etc.)  | 6.5278.00                | <del></del>                  |
| '. Materials and supplies (stationery, postage, etc.)   | 7. 0                     | _                            |
| . Travel and other charges  |                          | _                            |
| 8a. For yourself  | 8a 0                     |                              |
| 8b. For employees (If applicable)   | 8b 0                     |                              |
| Cost of equipment purchased (fax machine, etc.)   | 90                       |                              |
| <ol><li>Garnishments paid to others [From total collections on Line</li></ol>                           | 3]                       | 10.3568.00                   |
| 1. Total disbursements (add lines 6-10)   | 11.8846.00               |                              |
| 2. Balance Available (loss) for payment of salaries ( Line ine 11)                                      | 5 <b>–</b><br>12,2469.00 | 12.                          |
|   | 1212 (177,77             |                              |
| Salary and related benefits:  |                          |                              |
| Amount retained by yourself from line 12 as salary  | 13.2469.00               | 13.                          |
| 4. Amount paid to employees (if applicable)   | 14. 0                    | 14.                          |
| 5. Total salaries paid (add lines 13 and 14)  | 15.2469.00               | 15                           |
| EUND BALANCE  |                          |                              |
| 6. Increase (decrease) in fund balance, may be \$0  |                          |                              |
| (line 12 less line 15)  | 16.0                     | 16                           |
| 7. Fund Balance at beginning of the year, may be \$0  |                          |                              |
| (Ending Fund balance from last year's report)  8. Fund balance (deficit) at end of the year, may be \$0 | <u>17. 0</u>             |                              |
| (Add_lines 16 and 17)   | 18, o                    | 18.                          |
| /   | 10.0                     |                              |